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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

Kimberly Leseman

4530 Woodbridge Lane

Huntingtown, MD 20639

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Calvert Health Medical Center

100 Hospital Road

Prince Frederick, MD 20678

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

**Complaint for Employment
Discrimination**

Case No.

GLS 23CV0787

(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☐ No
(check one)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Kimberly Leseman
Street Address	4530 Woodbridge Lane
City and County	Huntingtown, Calvert County
State and Zip Code	MD 20639
Telephone Number	301-266-0635
E-mail Address	Kaleseman@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	Calvert Health Medical Center
Job or Title (if known)	
Street Address	100 Hospital Road
City and County	Prince Frederick, Calvert County
State and Zip Code	MD 20678
Telephone Number	410-535-4000
E-mail Address (if known)	

Defendant No. 2

Name _____

Job or Title _____

(if known) _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____

(if known) _____

Defendant No. 3

Name _____

Job or Title _____

(if known) _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____

(if known) _____

(If there are more than three defendants, attach an additional page providing the same information for each additional defendant.)

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is:

Name Calvert Health Medical Center

Street Address 100 Hospital Road

City and County Prince Frederick, Calvert County

State and Zip Code MD 20678

Telephone Number 410-535-4000

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

- ☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

- ☐ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☐ Other federal law *(specify the federal law)*:

- ☐ Relevant state law *(specify, if known)*:

- ☐ Relevant city or county law *(specify, if known)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☐ Failure to promote me.
- ☐ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☒ Other acts (*specify*): Wrongful disclosure of Individually identifiable Health Information

(*Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.*)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

Jan. 13, 2021 ~~August 1st, 2021~~ to January 4th, 2022

C. I believe that defendant(s) (*check one*):

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (*check all that apply and explain*):

- ☐ race _____
- ☐ color _____
- ☐ gender/sex _____
- ☒ religion _____
- ☐ national origin _____
- ☐ age. My year of birth is _____. (*Give your year of birth only if you are asserting a claim of age discrimination.*)
- ☐ disability or perceived disability (*specify disability*) _____

E. The facts of my case are as follows. Attach additional pages if needed.

Please see attached documentation:

Document #1: EEOC Form 5 Charge of Discrimination

Document #2: Timeline/ Events

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

August 26th, 2022

B. The Equal Employment Opportunity Commission *(check one)*:

- ☐ has not issued a Notice of Right to Sue letter.
- ☒ issued a Notice of Right to Sue letter, which I received on *(date)*
December 23rd, 2022

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

- ☐ 60 days or more have elapsed.
- ☐ less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I ask for compensatory and punitive
damages not to exceed \$300,000.00

From Jan 13th 2021 - Jan 4th 2022 I was retaliated
against, harrassed, and discharged without
consideration of my religious waiver. After and
prior to termination, ~~and~~ durring my suspension,
I had my livelyhood, confidence, and religious
beliefs ~~downgraded~~ downgraded to nothing.
My family and 3 Kids under the ages of 9
suffered with no income from me, in
December, right before and durring christmas.
It was more than me that was affected,
But my family as a whole by the actions of
Calvert Health medical Center.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: March 21st, 2023.

Signature of Plaintiff

Printed Name of Plaintiff


Kimberly Leseman

(If more than one plaintiff is named in the complaint, attach an additional certification and signature page for each additional plaintiff.)

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address

Document #2 Timeline/Events

1. Date of hire Nov. 14th, 2016
2. Start date Jan. 30th 2017 as a Weekend Alternative Emergency Room Nurse.
3. In Feb of 2017 I notified my manager, Stephanie Cleveland, of my pregnancy. She contacted HR, Sharon Jones (Nurse Recruiter). They told me I would have to take a new Job, working part time, because I didn't have FMLA or enough leave. And in order to keep my job ~~when~~ after having the baby, I would have to give up the weekend Alternative Job (work 24 hrs and get paid for 36 hrs) and change my Job status to part time. I continued working the same, Sat, sun, ~~7p~~ 7p-7a shifts, but did not receive the extra pay. After giving birth and being cleared by Employee health, I was able to get my job back as weekend alternative ER Nurse.
4. I continued to work this job with no complaints or disciplinary action, and good yearly reviews with raises.
5. I worked the entire time through the pandemic as an Emergency Room Nurse without hesitation, when we didn't know what we were coming up against.
6. Dec. 29th 2020 I tested positive for Covid, after working the prior days in the ER, with Covid positive Patients. I notified Stephanie Cleveland of my symptoms, and she required me to come to work to be tested. And EMPLOYEE Health (Nancy Lord) required me to be off the following shifts.
7. Workers compensation did approve my Covid days off after many phone calls to the workers comp nurse. Claim No. W157654
8. I returned to work, to have co-workers approaching me about having covid. I had not told anyone, but work and my immediate family about my illness. I found out my manager, Stephanie Cleveland released my health information through email to the entire Emergency Room staff, 93 staff members. It wasn't just the people I had been working with those days, it was everyone. I felt violated, and did not feel safe sharing medical information with the Hospital and Stephanie Cleveland.

9. I submitted a complaint with the Office of Civil Rights, noting my private health information had been shared without my consent. OCR transaction Number CV-21-441470.
Date filed complaint 9/6/21. This was a protected act.
10. On 8/23/21 I called employee health and told Nancy Lord of my recent cancer diagnosis, and procedure for removal scheduled for 9/8/21. I inquired what to do as this was my first time asking about FMLA. Nancy asked me if it was OK to email HR and S. Cleveland about my procedure, and she advised me to call my Dr. to see how long I would require off.
11. On 8/24/21 I returned call to Nancy (EH RN), and notified her my Dr. stated I would only need 2 days off, and no time off was needed.
12. 9/8/21 I had my procedure (~~was a thursday~~) (was a wednesday) on 9/10/21 (friday) I called Nancy (Employee health nurse) and told her my complication with healing at 0759 in the morning. She told me she would talk to my manager, and see what could be done about not coming in. I never received any call backs or emails. I called the hospital to notify them, well in advance that I would not be coming to work 9/11/21 and 9/12/21.
At 1824 my manager S. Cleveland began texting me, saying she received notice that morning and just now that I wouldn't be in for work. And she requested a meeting with me.
13. On 9/13/21 I was verbally told of my Final warning for calling out. I had over 170 hours of leave, and I had not called out the entire year, I didn't understand why I was being reprimanded so extensive. I asked Stephanie Cleveland if this was due to me declining the Covid vaccine. Stephanie told me, "this decision comes from above me"
14. I declined the Covid vaccine on multiple occasions, on Jan 13'2021 through text with S. Cleveland. and again 8/19/21 through text. I also received many emails about getting the vaccine after I expressed not wanting it.

15. I submitted to forced mandatory covid testing weekly beginning Aug 30th, 2021, then I recieved email notification ~~with~~ requiring us to purchase and test weekly by a certain time and day each week, or we would be given a final warning and then termination. I complied with all testing.
16. On Nov 5th 2021 an email from CEO Dean Teague reported unvaccinated employees who do not comply with Covid vaccination would be put on suspension with unpaid leave, Dec 4th, 2021. And employees will be terminated Jan 4th 2022, unless they have an approved religious or medical waiver.
17. I requested the paperwork to fill out and submit the waiver from nancy Lord, she denied sending it to me. I requested multiple times, and she sent me the forms I needed to submit for religious waiver.
18. Nov 23rd 2021 at open of buisness I hand deliverd my religious waiver to HR. By 1219 the same day I recieved a denial of religious waiver.
19. I sent many emails requesting explanation of why my specific waiver was denied, and asked about appeal process. No further specific information about my denial was provided, and there was no appeal process.
20. I called the Employee Assistance Program multiple times. I was very deeply upset about this. treatment. ~~Only after telling them the hospital my destination of vaccine did all of my~~
21. I worked all the way up to my suspension on Dec 4th 2021. And on Jan 4th 2022 I was terminated.

22. 11/20/21

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> EEOC 531-2022-00703 </div> <div style="display: flex; justify-content: space-between;"> FEPA </div>	
Maryland Commission on Civil Rights		and EEOC	
State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.) Kimberly Leseman		Home Phone (301) 266-0635	
Year of Birth			
Street Address 4530 Woodbridge Ln. HUNTINGTOWN, MD 20639			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name CALVERT HEALTH MEDICAL CENTER		No. Employees, Members 15 - 100 Employees	
Street Address 100 hospital road PRNC FREDERCK, MD 20678		Phone No. (410) 535-4000	
Name		No. Employees, Members	
Street Address		Phone No.	
City, State and ZIP Code		City, State and ZIP Code	
DISCRIMINATION BASED ON Disability, Religion, Retaliation		DATE(S) DISCRIMINATION TOOK PLACE <div style="display: flex; justify-content: space-between;"> <div> Earliest 08/01/2021 </div> <div> Latest 01/04/2022 </div> </div>	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I began working with the above-listed employer on or about January 30, 2017, as an Emergency Room Nurse. On August 19, 2021, I received a text from the Manager of the Emergency Room, Stephanie Cleveland, requesting that I get a COVID-19 vaccination, to which I replied by declining in receiving the vaccine. The following month, I called out sick due to a medical procedure. Despite having over 170 hours of leave time, I was given a Final Written Warning, which management bypassed all other forms of discipline. On or about November 2021, I submitted a religious accommodation to Human Resources that exempted me from being vaccinated against Covid-19. Subsequently, Sharon Jones, Human Resources Manager, denied my request and informed me that I was on the naughty list. On December 4, 2021, I was placed on leave without pay. On January 4, 2022, I was discharged. The reason I was discharged was due to not meeting the Covid-19 vaccination requirement deadline. I believe I have been discriminated against due to my religion (Christianity), along with being retaliated against for engaging in a protected activity, in violation of Title VII of the Civil Rights Act of 1964, as amended, and in violation of the Americans with Disabilities Act of 1990, as amended by the Americans with Disabilities Act Amendments Act of 2008, with respect to denied religious accommodations, discipline, and discharge.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct. Digitally Signed By: Kimberly Leseman 08/26/2022 <div style="text-align: center; font-size: small;">Charging Party Signature</div>		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

CP Enclosure with EEOC Form 5 (11/09)

PRIVACY ACT STATEMENT: Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

1. **FORM NUMBER/TITLE/DATE.** EEOC Form 5, Charge of Discrimination (11/09).
2. **AUTHORITY.** 42 U.S.C. 2000e-5(b), 29 U.S.C. 211, 29 U.S.C. 626, 42 U.S.C. 12117, 42 U.S.C. 2000ff-6.
3. **PRINCIPAL PURPOSES.** The purposes of a charge, taken on this form or otherwise reduced to writing (whether later recorded on this form or not) are, as applicable under the EEOC anti-discrimination statutes (EEOC statutes), to preserve private suit rights under the EEOC statutes, to invoke the EEOC's jurisdiction and, where dual-filing or referral arrangements exist, to begin state or local proceedings.
4. **ROUTINE USES.** This form is used to provide facts that may establish the existence of matters covered by the EEOC statutes (and as applicable, other federal, state or local laws). Information given will be used by staff to guide its mediation and investigation efforts and, as applicable, to determine, conciliate and litigate claims of unlawful discrimination. This form may be presented to or disclosed to other federal, state or local agencies as appropriate or necessary in carrying out EEOC's functions. A copy of this charge will ordinarily be sent to the respondent organization against which the charge is made.
5. **WHETHER DISCLOSURE IS MANDATORY; EFFECT OF NOT GIVING INFORMATION.** Charges must be reduced to writing and should identify the charging and responding parties and the actions or policies complained of. Without a written charge, EEOC will ordinarily not act on the complaint. Charges under Title VII, the ADA or GINA must be sworn to or affirmed (either by using this form or by presenting a notarized statement or unsworn declaration under penalty of perjury); charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to make a charge.

NOTICE OF RIGHT TO REQUEST SUBSTANTIAL WEIGHT REVIEW

Charges filed at a state or local Fair Employment Practices Agency (FEPA) that dual-files charges with EEOC will ordinarily be handled first by the FEPA. Some charges filed at EEOC may also be first handled by a FEPA under worksharing agreements. You will be told which agency will handle your charge. When the FEPA is the first to handle the charge, it will notify you of its final resolution of the matter. Then, if you wish EEOC to give Substantial Weight Review to the FEPA's final findings, you must ask us in writing to do so within 15 days of your receipt of its findings. Otherwise, we will ordinarily adopt the FEPA's finding and close our file on the charge.

NOTICE OF NON-RETALIATION REQUIREMENTS

Please **notify** EEOC or the state or local agency where you filed your charge **if retaliation is taken against you or others** who oppose discrimination or cooperate in any investigation or lawsuit concerning this charge. Under Section 704(a) of Title VII, Section 4(d) of the ADEA, Section 503(a) of the ADA and Section 207(f) of GINA, it is unlawful for an *employer* to discriminate against present or former employees or job applicants, for an *employment agency* to discriminate against anyone, or for a *union* to discriminate against its members or membership applicants, because they have opposed any practice made unlawful by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under the laws. The Equal Pay Act has similar provisions and Section 503(b) of the ADA prohibits coercion, intimidation, threats or interference with anyone for exercising or enjoying, or aiding or encouraging others in their exercise or enjoyment of, rights under the Act.